

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000005528

1. Entity Name
ELG ASSOCIATES LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV -7 AM 8:17

Principal Place of Business
10859 EMERALD COAST PKWY W
BOX 334
DESTIN, FL 32550 US

Mailing Address
10859 EMERALD COAST PKWY W
BOX 334
DESTIN, FL 32550 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10222005 REIN-LLC CR2E101 (6/04)

4. FEI Number
01-0637104

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMPLETE CORPORATE SERVICES, INC.
915 MIDDLE RIVER DR. #410
FT. LAUDERDALE, FL 33304

Name LEVENSON, KATZIN + BALLOTTA PA

Street Address (P.O. Box Number is Not Acceptable)
1901 SW 6th COURT

City PLANTATION FL Zip Code 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature]
(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE 11/1/05

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS GRUND, EDWARD
CITY-ST-ZIP 10859 EMERALD COAST PKWY W #334
DESTIN, FL 32550 ☐ Delete

TITLE
NAME
STREET ADDRESS 400061185394
CITY-ST-ZIP 11/07/05--01012--005 **155.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10-21-05

Date

Daytime Phone #